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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 | 507478

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Basic Filing Fee	<u>201/101</u>						
Total Claims >20	<u>203/103</u>	<u>57</u>	-20 =	<u>37</u>	X		<u>690</u>
Independent Claims >3	<u>202/102</u>	<u>10</u>	-3 =	<u>7</u>	X		<u>466</u>
Mult. Dep. Claim Present	<u>204/104</u>						<u>346</u>
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>						<u>130/65</u>

TOTAL FEE CALCULATION

2032

Fees due upon filing the application:

Total Filing Fees Due = \$ 2032

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 2032

Smc
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/502478

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	57 minus 20 =	* 37
INDEPENDENT CLAIMS	15 minus 3 =	* 7
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
	345.00		690.00
X\$ 9=		X\$18=	664
X39=		X78=	544
+130=		+260=	
TOTAL		TOTAL	1902

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.